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CONFIRMATION NO. 5435

<b>SERIAL NUMBER</b> 10/720,799	<b>FILING OR 371(c) DATE</b> 11/24/2003 <b>RULE</b>	<b>CLASS</b> 382	<b>GROUP ART UNIT</b> 2624	<b>ATTORNEY DOCKET NO.</b> 901120.90011
<b>APPLICANTS</b> Christopher J. Hanna, Fox Point, WI; Timothy J. O'Connor, Franklin, WI;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/429,612 11/27/2002 <i>AL</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>None AL</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 03/11/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>AL</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 32
		<b>INDEPENDENT CLAIMS</b> 3		
<b>ADDRESS</b> 26710				
<b>TITLE</b> Intelligent medical image management system				
<b>FILING FEE RECEIVED</b> 558	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	